| EST AVAILABLE COPY | | | | | | | | Application or Docket Number | | | | | |
|---|--|---------------------------------|------------------|-----------|----------------------|------------------|---------------|------------------------------|---------------|-------------------------------|---------------------|---------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR | | | | | | | | D 09/943,274 | | | | | |
| Effective October 1, 2000 | | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN | | |
| TOTAL CLAIMS | | | 17 | | (Ookaliiv 2) | | RA* | Œ | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | BASIC | | | 00 | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | / +minus 20= | | • | | X\$ | 0 | | | X\$18= | | |
| INDEPENDENT CLAIMS | | | () minus 3 = | | • | | _ | X40= | | OR | X80= | | |
| | | DENT CLAIM PE | RESENT | | | | +135= | | | OR | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 3 /8/04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | 355 | OR OR | +270= | | |
| | | | | | | | | AL | اررد | OH | | THAN | |
| 3/8/04 (Column 1) (Col | | | | | mn 2) | · SM/ | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | | |
| | | CLAIMS | | HIGH | EST BER | (Column 3) | T | | ADDI- | | | ADDI- | |
| | | REMAINING AFTER AMENDMENT | | PREVI | | PRESENT EXTRA | À4. | E : | TIONAL FEE | ٠ | RATE | TIONAL FEE | |
| AMENDMENT | Total | . 6 | Minus | / | 7 | = 0 | X\$ | 9= | | OB | X\$18= | | |
| ME | Independent | • 3 | Minus | ئ *** | | = 0 | X40 |)= | X | OR | X80= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +13 | 5=/ | | OF | +270= | | |
| | | | | | | | | TAL | | | YOTAL | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | | ADDIT. FEE | \ | |
| | | (Column 1) CLAIMS | | | mn 2) HEST | (Column 3) | _ | | ADDI- |) | _ | ADDI- | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | PREVI | IBER OUSLY FOR | PRESENT EXTRA | RA | Æ | TIONAL FEE | | RATE | TIONAL | |
| | Total | • | Minus | •• | | = | X\$ | 9= | | OR | X\$18= | | |
| | Independent | * | Minus | | | - | X44 |)= | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +13 | 5= | | OR | +270= | | |
| | | | | | | | | TAL | | OR | TOTAL ADDIT. FEE | | |
| ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| | | CLAIMS | | | IEST | PRESENT | | | ADDI- | • | | ADDI- | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | PREVI | OUSLY | EXTRA | RA | Œ | TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | • | Minus | •• | | 2 | X\$ | 9= | | OR | X\$18= | | |
| E | Independent | • | Minus | *** | 14.4 | <u> -</u> | X40 |)= | | OR | X80= | | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 5= | | OR | +270= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | TOTAL | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | | | | | | L | |
| | The "Highest Nun | nber Previously Pa | id For" (Total o | r Indepen | dent) is th | e highest numbe | er tound in t | he ap | propriate bo | x in co | dumn 1. | | |